

*Confidence Testing Company**Name**Address**Phone**email***Seattle Fire Department**

Confidence Test Report (use one form per sys.)

206-386-1448 Confidence Testing Officer

206-615-1068 (fax)

206-233-7219 Red Tag Hotline

SPRINKLER SYSTEM — DRY ☐ WET ☐**Status Given**CONFIDENCE TEST ☐REACCEPTANCE TEST ☐RED ☐YELLOW ☐WHITE ☐

Occupancy Address: _____

Occupancy Name: _____

Responsible Person

First & Last Name: _____

Phone Number: _____

Responsible Person

Address, City, State, Zip: _____

Responsible Party

E-Mail Address: _____

Technician's Name _____
(Please Print legibly)

SFD Certification No. SCP- _____

Date of Test: _____

Test Frequency: **Annual**

Riser Valve Make: _____

Riser Valve Model: _____

System Identification No. _____

System Location: _____

SFD ID No. _____ (Call 386-1448 for this No.)

Central station monitoring? Yes ☐No ☐

Monitoring Company

Monitoring Required? Yes ☐No ☐

Name _____

DEFICIENCIES FOUND? Yes ☐ No ☐ List items that were not corrected at the time of the confidence test. Use the Deficiencies section or attach itemized sheet**REPAIRS: All deficiencies have been corrected ☐**Corrected By: _____ SFD Certification Number: **SCP** — _____**System Status changed to White (including the tag on the system) ☐**

This certifies that this fire and life safety system has been properly inspected for functional operation in accordance with the current Seattle Fire Code (SFC), Administrative Rules, and NFPA Standards adopted by the SFC for this system. The discrepancies found are noted in the report and have been reported to the building Owner/Manager for corrective action.

Signature of Technician _____ Phone # _____

Name of Testing Company _____

Building Representative (signature) _____ Date _____

Print Name and Title _____ Direct Phone # _____

Building Rep unavailable ☐ Building Rep declined to sign report ☐**THIS REPORT WILL BE SENT TO THE SEATTLE FIRE DEPARTMENT BY THE TESTING AGENCY IN ACCORDANCE WITH ADMINISTRATIVE RULE 9.02.09****ALL DEFICIENCIES RECORDED ON THIS REPORT SHALL BE CORRECTED WITHIN 30 DAYS OF THE TEST DATE**

The items on the checklists below shall be inspected and tested. This list may not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the **2009 Seattle Fire Code Sec. 903; SFC Administrative Rules 9.02.09, 9.03.09, and 9.06.07; and 2008 NFPA 25** for inspecting and testing requirements.

PRE-TEST CHECKS

1. The Fire Alarm was put into test mode and/or other precautions were taken to avoid preventable alarms .	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. This is the only Sprinkler System of this type (i.e. Dry) at this address. If "No" What is the unique ID number? (See SFC Ad Rule 9.02.09) _____	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. All signs, placards, and labels are provided on doors and system controls.			Yes <input type="checkbox"/>	No <input type="checkbox"/>

SPRINKLER HEADS

4. Number of Sprinkler Heads: <20 <input type="checkbox"/> >20 but < 100 <input type="checkbox"/> >100 <input type="checkbox"/>				
5. All accessible sprinkler heads have been visually inspected and are free of corrosion, paint, obstructions and/or physical damage. (List the location of defective heads in the "Deficiencies" section.)			Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. The sprinkler coverage is OK. (Note: If the coverage has not been altered after the last acceptance/reacceptance test it is OK.)	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. The standard sprinkler heads are less than 50 years old or within a prescribed testing period. If "No" have the heads been sample tested or replaced per 2008 NFPA 25 and at the prescribed intervals thereafter. Due date for sample testing: _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. The Quick Response sprinkler heads are less than 20 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per 2008 NFPA 25 and at the prescribed intervals thereafter.	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Due date for sample testing: _____				
10. The dry type sprinkler heads are less than 10 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per 2008 NFPA 25 and at the prescribed intervals thereafter. Due date for sample testing: _____	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. The proper number of spare sprinkler heads is available, with the proper wrenches for each, at the riser or another designated location.			Yes <input type="checkbox"/>	No <input type="checkbox"/>

HEAT ACTIVATED DEVICES

12. Heat actuation devices function on pre-action and deluge systems.	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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FLOW TESTS

13. The Main Drain is the proper size. If "No" Size _____ Required size _____			Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. The Main Drain flow test. Static pressure _____ psi Flow pressure _____ psi Return to static pressure _____ min/sec			Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Flow from the inspector's test valve activates the system alarms.			Yes <input type="checkbox"/>	No <input type="checkbox"/>

ALARMS AND SUPERVISORY DEVICES

16. All Supervisory and alarm devices [i.e. bell(s), flow switches, supervisory switches] function properly.	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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VALVES

17. Pressure regulating valves (PRV) are set properly.	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. All supply valves are secured or supervised.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. All supply valves have been lubricated (where required)	N/A	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GAUGES

20. The maintenance on the system gauges is up-to-date.

Due date for the next comparison test: _____

Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check should be done for multiple floors at static pressure using one calibrated gauge and hydraulic calculations.Yes ☐No ☐**OBSTRUCTION INVESTIGATION**21. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with **2008 NFPA 25 Chap. 14. (eff. 10/21/2012)**

Date for next FDC obstruction investigation _____

Yes ☐No ☐

22. The 5-year obstruction exam for the FDC(s) included testing and operation of the check valve.

Yes ☐No ☐23. The 5-year Obstruction Examination of the sprinkler piping is up-to-date in accordance with **2008 NFPA 25 Chap. 14. (eff. 10/21/2012)**

Date for next Piping Obstruction Examination _____

Yes ☐No ☐**FIRE DEPARTMENT CONNECTIONS**

24. The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street

N/A

☐Yes ☐No ☐

25. All FDCs have protective plugs or covers.

N/A

☐Yes ☐No ☐

26. If a plug or cover was missing from a FDC the piping was inspected for debris. (this is required)

N/A

☐Yes ☐No ☐

27. All caps and plugs have at least 12" clearance for operating wrenches.

N/A

☐Yes ☐No ☐

28. All swivels turn freely.

N/A

☐Yes ☐No ☐**RECALLS**

29. The inspector did not find recalled devices during the visual inspection.

Note: the inspector's inspection is a visual cursory inspection from the floor level in accessible areas

Unk

☐Yes ☐No ☐**ALARM MONITORING**

30. A signal was received at the Central Station monitoring company.

N/A

☐Yes ☐No ☐**DRY SPRINKLER SYSTEMS [NEXT 3 ITEMS]**

31. The system passed the trip test. System tripped in _____ seconds

N/A

☐Yes ☐No ☐

32. Air compressor refills system in 30 minutes or less.

N/A

☐Yes ☐No ☐

33. The system's low points were drained and the system was restored to service.

N/A

☐Yes ☐No ☐**34. FINAL CHECKS**35. The **Fire Alarm was removed from test mode** and/or other precautionary measures were removed to restore **fire alarm system to normal operation** (includes removal of protective coverings).

N/A

☐Yes ☐No ☐36. The system was left in service.
If "No", whyYes ☐No ☐

37. The confidence test report was given to the owner and a current status tag was posted.

Yes ☐No ☐

38. The confidence test report was sent to the fire marshal's office.

Yes ☐No ☐

Deficiencies

Resolved ☐

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference:Resolved ☐

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference:Resolved ☐

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference:Resolved ☐

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference:Resolved ☐

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference: